



# Despair of the Foil

A Preliminary Study  
on  
Theological Perspective to Narrative of the Suffering

Takaaki David ITO

## Introduction

When I started studying illness narrative, I became interested in what Arthur Frank calls ‘the Quest Narrative’<sup>1)</sup>, because it seems to represent the dynamic process of meaning making by patients. I wanted to have a clearer understanding about what spiritual care professionals can do in clinical setting. Gradually, however, I become more aware of the issues of hastily moving toward problem solving in therapy. I was more interested in ‘the Chaos Narrative’<sup>2)</sup>, and in power issues behind theological reluctance to face chaos<sup>3)</sup>. I have begun to understand that it is only in facing chaos of those who are suffering where I can discover deeper

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Keywords : Spiritual Care, Disaster Care, Narrative Care, Suffering

1 ) Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (University of Chicago Press, 1997, Kindle ed.), Chapter Six.

2 ) Frank (1997, Kindle ed.), Chapter Five.

3 ) Catherine Keller, *The Face of the Deep: A Theology of Becoming* (Routledge, 2003).

theological and practical insights for clinical spiritual care.

This paper will briefly introduce a new narrative metaphor of chaos that I have developed through research on illness and disaster narratives. Narrative, as understood in modern literary theory, is the expression of something inside through a metaphorical framework, which often works unconsciously. In other words, we can approach our depths only symbolically through those metaphors<sup>4)</sup>. The one I present here is in addition to the roughly sketched imaginary map of mental and/or spiritual abyss. This map is similar to the mixture of what we know about the depths of our mind through scientific research and mere speculation. But the desire is that this small discovery in the realm of the metaphorical framework can contribute even a little for us to be more compassionate (com-passion > suffering together), in order to be better spiritual care providers.

I name the metaphorical framework that I have developed as “Despair of the Foil.” This is my attempt to make sense of chaos, which is logically absurd. It is just a working hypothesis. I would like to have the opportunity to test out, for some years, how this can help to understand the spiritual dynamism of those who suffer, as well as of mine. I am aware that I need to do more research to elaborate on this concept. Furthermore, I need to explore more literary talent, in order to convey the nuances of these metaphors. This paper is an initial presentation of my findings.

Researchers agree that the darker side of the human mind is difficult to understand<sup>5)</sup>, because this is precisely the location where the “brightness”

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4) George Lakoff and Mark Johnson, *Metaphors We Live By*, 2nd ed. (University of Chicago Press, 2003).

5) Cathy Caruth, *Trauma: Explorations in Memory* (The Johns Hopkins University Press, 1995).

of our enlightened reason cannot reach. It is also important to keep in our minds that the Renaissance Enlightenment carries a colored light all its own. It does not reveal the original color of the object. Even the claim of postmodern critical thinking says that there is no 'original color', and that color is always the mere reflection of the light thrown at an object. The color of the Renaissance Enlightenment, which is typically represented in the diagnostic approach of modern medicine and in psychological behaviorism, is just one among others used to describe humanity. The narrative framework presented in this paper is another color thrown into the deep darkness within suffering humanity. It is my hope that this particular light will uniquely illuminate something important for the purpose of enabling a deeper understanding of the healing power of human spirituality to emerge.

Before tackling the subject of chaos, we need to study the concept of illness narrative in general.

### Illness Narrative

Psychiatrist and medical anthropologist Arthur Kleinman began the study of illness narrative<sup>6)</sup>. Even twenty years since the original publication of *The Illness Narratives*, his claim regarding the personal and social meanings of illness has not lost its importance. This book still should be considered one of the most essential readings for medical education. As the field of modern medicine developed into the areas of bioengineering and pharmaceutical technology, the foci of its attention has centered on

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6 ) Arthur Kleinman, *The Illness Narratives: Suffering, Healing, And The Human Condition* (Basic Books, 1989).

body mechanisms and on biological responses to treatments and prescription medications. His focus, however, concerns the other side of medicine.

No one can deny the contribution of modern medicine to overall human welfare. The reality of contemporary society, however, requires that the field of medicine changes its attitudes as we learn the inner complexities and varieties of the needs of patients, aside from the obvious physical cure. At present, with Kleinman as one of its forerunners, a more multidisciplinary approach to holistic care is emerging as the norm not only in chronic illness care but also in more advanced medicine, especially in areas, such as oncology. The evidence-based approach, or what I term “dia-*gnostic* care,” can offer care for only a limited aspect of humanity. A more complementary approach is needed<sup>7)</sup>. The main body of this complementary care is “dia-*logical* care.” This care is based upon understanding the subjective experiences and the narratives of the patients. I have symbolically proposed those terms through which we can acknowledge the fundamental epistemological and cosmological contrast between *gnosis* and *logos*. Kleinman offers an important foundation for the most future looking medical treatments and care.

Although Kleinman claims that the personal and social meaning of illness provides the most important basis of modern medical care, his book itself has been strongly criticized from a post-modern perspective. Hawkins says<sup>8)</sup>:

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7) NT Ueno, TD Ito, RK Grigsby, MV Black, and J Apted. "ABC Conceptual Model of Effective Multidisciplinary Cancer Care." *Nature Reviews Clinical Oncology* (2010).

8) Ann Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography*. 2nd. ed. (Purdue University Press, 1999), 243.

The problem with Kleinman's notion, however, is that patient's explanatory model must be both constructed and interpreted by the physician: "the clinician must first piece together the illness narrative as it emerges from the patient's and the family's complaints and explanatory models: then he or she must interpret it"<sup>9</sup>). The patient, then, only "speaks" through the physician's capacity to listen, understand, and interpret. Kleinman does not discuss the problems inherent in such a formula.

She points out that while Kleinman intends to offer a more holistic view, he still wrote for physicians from a physician's perspective. In other words, his discussion is more a monologue among physicians, with patients still in the place as an object for physicians to treat and does not represent patients' own narrative in the end.

Arthur W. Frank, a sociologist, is the successor to Kleinman's project. *The Wounded Storyteller: Body, Illness, and Ethics* is Frank's contribution to the research field of illness narrative. His post-modern strategy in this work is, as the subtitle shows, to pay close attention to the bodily nature of human beings<sup>10</sup>:

I begin with some basic questions about how to act as the embodied being that the Kleinman calls a "body-self." During illness, people who have always *been* bodies have distinctive problems continuing to be bodies, particularly continuing to be the same sorts of bodies they have been. The body's problems during illness are not new; being a

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9 ) Kleinman (1989), 49.

10) Frank (1997, Kindle ed.), loc.528.

body always involves certain problems. Illness requires new and more self-conscious solutions to these general problems. In earlier writing I have proposed four general problems of embodiment: control, body-relatedness, other-relatedness, and desire. ... One way or another, everyone has been resolving - if never finally “solving” - these problems throughout her life.

He analyses the issues of illness in relation to “four ideal typical bodies: the disciplined body, the mirroring body, the dominating body, and the communicative body.”<sup>11)</sup> He presents three major genres of illness narrative: restitution narrative, chaos narrative, and quest narrative. His most important contribution is in identifying chaos narrative. It is, however, ironic because his matrix of concepts did not appear to be very useful to understand his notion of the chaos narrative. He admits.<sup>12)</sup>

The chaotic body can be described in terms of the dimensions of control, body- and other-relatedness, and desire, but the resulting permutation does not fit any of the four idea types suggested in chapter 2, thus showing that while those types illustrate certain parameters of body-selves, they certainly do not circumscribe reality.

Closer readings of his work reveal that his concept of chaos narrative is indeed trauma narrative, which we will study later. Frank attempts to study illness narrative from the perspective of a post-modern critique. However, his project seems to have fallen short. His writing has a

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11) Frank (1997, Kindle ed.), loc.528.

12) Frank (1997, Kindle ed.), loc.1631.

definitive presence, mainly because of his personal perception of illness from the perspective of a patient. Yet we need to wait for another researcher to emerge in the field of illness narrative who can develop a deeper understanding of the patients' inner dynamics as well as of the narrative's own creativity.

Anne Hunsaker Hawkins, a professor of humanities at Pennsylvania State University College of Medicine, was trained in literary theory. Unlike the previously introduced researchers who presented their theses on illness narrative, she studied and analyzed more than three hundred "pathographies" written by patients themselves<sup>13)</sup>. She perceives that illness narrative is a subgenre of autobiographical writing. It is interesting to learn that the development of pathography in the U.S. is only a phenomenon of the mid-twentieth century and that it seems to have replaced the theme of religious conversion in autobiographies of earlier times<sup>14)</sup>. One purpose of Hawkins' book is to provide an elaborate taxonomy of myths, attitudes, and assumptions about illness. Hawkins crystallizes metaphorical paradigms of regeneration, the idea of illness as battle, the athletic ideal, the journey into a distant country, and the mythos of healthy-mindedness<sup>15)</sup>. The following insight distinguishes clearly her work from earlier writers on this topic:<sup>16)</sup>

... myths about illness may be enabling as well as disabling: enabling, in that they can actually help the sick person who believes them to recover or, at least, to deal better with the circumstances of illness or

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13) Hawkins (1999).

14) Hawkins (1999), 31.

15) Hawkins (1999), 27.

16) Hawkins (1999), 24.

death; disabling, in that they can impede a patient's ability to recover and even augment suffering. Pathography is a superb idiographic document because it shows us these myths and metaphors as they are "lived in" – for better or for worse.

What she studies includes not only types of patients' narratives; but also the dynamism of metaphor and human experiences.

She borrows the powerful concept of "formulation" from Robert Jay Lifton<sup>17)</sup> to study this dynamism. "Formulation" is a reparative process that deals with trauma by using imagination and interpretation. Lifton explains this "formulation" as "psychic rebuilding," or the construction of certain inner forms or configurations that function "as a bridge between self and world" – a psychological process whereby the individual suffering from trauma "returns" to the world of living. What Hawkins attempts to present is "narrative" as a tool for people to regain their humanity<sup>18)</sup>.

The act of formulation, then, involves the discovery of patterns in experience, the imposition of order, the creation of meaning – all with the purpose of mastering a traumatic experience and thereby re-establishing a sense of connectedness with objective reality and with other people. It is these things that enable human beings not only to live through severe illness or the death of a loved one but also to live beyond them.

Moreover, this book serves to build narrative bridges between the

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17) Robert Jay Lifton, *Death in Life: Survivors of Hiroshima* (Random House, 1967), 367,525-526.

18) Hawkins (1999), 24.



sufferer and other human beings, because the taxonomy she provides consists of a limited number of genres, which are common to many suffering people. In connectedness, Hawkins, similarly to Lifton, sees the possibilities of sufferer's returning to the living community.

### Trauma Narrative

The process of comparing Frank and Hawkins, once again, is to dive into an interesting intellectual venture. As I have explained, Frank was not very successful in his coherent presentation of his theses and categories. Hawkins, on the other hand, seems to have defined the academic area of pathography through her exhaustive study. Why did Frank risk his balance of discussion, then, by introducing the category of chaos narrative? Why did Hawkins not offer chaos narrative as a mythical paradigm? The answer is simple: it is because chaos narrative is chaotic. Frank, as a matter of fact, speaks of it because as a cancer survivor himself, he had experience the reality of suffering through. Hawkins could not study it because there was no real pathography, a written document, of chaos because no one can write it, by definition. Her reference to "formulation" by Lifton gave her a good theory for enabling the function of metaphor. However, this does not mean that she could accommodate her theory in Lifton's gigantic achievement in study of trauma. Therefore, Hawkins grafts Lifton's conclusion, stemming from Lifton's desperate vision for helping survivors of the atomic bomb with which he struggled after painfully processing the darkness of despair in the survivors' hearts and their unimaginable "mastery" of trauma<sup>19)</sup>. In her study, Hawkins

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19) Lifton (1967), 536.

deals more with quest narrative, if not restitution narrative, as according to Frank's category. What we face as chaos is, therefore, beyond Hawkins' scope.

Most of trauma care belongs to mental health specialists, such as psychiatrists, psychologists, therapists or social workers. The area of chaos, however, is where spiritual care providers can work their expertise. Shelly Rambo is a theologian who tackles this theme squarely. She studies how we can understand chaos, the mental and spiritual state of patients after the experience trauma<sup>20)</sup>. Her study is very helpful in two ways: First, she identifies trauma as a theological theme; second, she presents the imagery of a traumatic state by using liturgical symbolism.

Rambo characterizes trauma as a situation in which “death haunts life,” where “a world in which the boundaries and parameters of life and death no longer seem to hold, to provide meaning.”<sup>21)</sup> The distinctive task of spiritual care is, thus, to learn “how to help relieve suffering, and how to understand the nature of the suffering, without eliminating the forth and truth of the reality that trauma survivors face and quite often try to transmit to us.” She, then, warns us that “the push to move beyond the event, to anew and pure place, is not just a misconception about traumatic survival; it a dangerous move that threatens to elide the realities if traumatic suffering. This move also makes possible suffering's repetition.”<sup>22)</sup> She boldly says, “trauma is not simply a category that can be confined to the fields of psychology and counseling; it has broadened to present profound challenges to epistemology, constructions of self, and theological

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20) Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Westminster John Knox, 2010).

21) Rambo (2010, Kindle ed.), Loc.168.

22) Rambo (2010, Kindle ed.), Loc.203.

understanding of time<sup>23</sup>). Joining to Keller<sup>24</sup>) and to Keshgegian<sup>25</sup>), Rambo emphasizes the importance of staying with the chaotic experience of the traumatized. She criticizes triumphalism of theology that hastens to seek Christian images of overcoming death, because this hastiness is “the way in which religious narratives and particular interpretations of them can fail to attend to the ongoing realities of a death.”<sup>26</sup>) It is, after all, how we live with the inevitability of death as the core awareness of our being. This is the real task of spiritual care. She is very clear that the issue is not to fix or to provide us with more effective blinding visions, but is to remain with those who have experienced the despair of death, a sense of total annihilation of their being.

I believe that people require spiritual care when they face an experience in which their lives and deaths are inextricably linked, whether it is caused by natural disaster, illness, accident, abuse or death. The task of mental health professionals is to help survivors go through processing this state eventually. They must be, needless to say, very careful not to hasten the process or not to deny the authentic feelings and realities of survivors. Within this healthcare framework, survivors must invite spiritual care providers to help them find meaning in the midst of their despair. This might appear to be an illogical task to make sense of the chaos since no one really knows the signposts for the way out of despair. Presence is perhaps the only possible skill required for good care providers.

Keller’s powerful analysis of the creation narrative in the Hebrew

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23) Rambo (2010, Kindle ed.), Loc.226.

24) Keller (2003).

25) Flora A. Keshgegian, *Time for Hope: Practices for Living in Today's World*. (Continuum, 2006), 121.

26) Rambo (2010, Kindle ed.), loc.174.

scripture and her background in process theological presentation<sup>27)</sup> reveals, in a sense, the healthy human instinct to flee chaos. Death and trauma offer different names for the same reality. No one is interested in staying in that state very long, but People fall there unexpectedly. Caruth gathered an interdisciplinary group of researchers in order to study the issue of chaotic and elusive nature of trauma. Writing from a psychoanalytic perspective, she says.<sup>28)</sup>

The impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located in its insistent appearance outside the boundaries of any single place or time.

Trauma rejects our grasp, as well as death and chaos. They are there together beyond our direct perception.

Rambo attempts to present the image of this trauma/death/chaos, by introducing the visionary theologian Hans Urs von Balthasar and his image of the Holy Saturday, the day in between Good Friday and Easter. He proclaims that Jesus' experience of suffering was one of being truly forsaken and that he had no anticipation of his bodily resurrection. In that realm, he would have felt total fear and a reign of despair in which there would have been no tranquility. He was just going to die in a chaotic and amorphous manner. Therefore, for him the passion narrative cannot be read as a hero's story, because Jesus' experience of death was not that of a hero. His narrative offers a more human story in which Jesus' personhood was just trivial and a foil of history. Instead of seamless shift from Friday

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27) Keller (2003).

28) Caruth (1995), 9.

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to Sunday in celebration mood, then, we must stop in facing the God-given image of death. The institutional churches have, therefore, failed theologically to provide any liturgical acts or rituals to enable this meditation to happen. Rambo, however, invites us to meditate on death. According to her, only a deep and focused meditation on Jesus experience of that Saturday can help us to bridge the experience of trauma<sup>29)</sup>.

## Despair of the Foil

I imagine that I am standing on the hill overlooking the devastation of a fishing town in the Tohoku region, Japan, where a severe earthquake and tsunami hit recently. More than 20 years ago, when I had an academic meeting at a university in Tohoku, one of my best friends insisted that I stay one night at his parent's home. For me, this was a surprising offer. I thoroughly enjoyed the stay in that little town. The father had passed away a long time ago. But how would I feel if I were the father now, to see all of my village destroyed by the tsunami?

I can attempt to put myself in the position to feel that I am a part of this historic tragedy. Although it may sound absurd, I feel fortunate, because I know where my place is in the midst of the devastation. With my professional training, however, by using my empathic ability, I can easily sense something very different out of the scene: an emptiness, a sense of loss of identity, an acute realization that all life has no value and no meaning, a finiteness. This emptiness informs me that the story I had thought I was living as my life is a delusion. The reality is that I am just a

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29) For the actual practice of meditation of this kind, we are to have a company to safeguard our spiritual wholeness.

passer-by in somebody-else's (or Nature's or God's?) story without my existence having any significant worth. I am just a foil in a story that has nothing to do with me. In this imaginary story, the people around me, who I don't know, have left me alone to fend for myself. There is vast emptiness in this kind of death, in which those who are left behind have no clue as to how to go on or what the purpose is for their lives.

This is also true of the experience of those who have suffered from senseless accidents, crimes, assaults, abuses or disasters. Patients with any illnesses, whether they are chronic or acute, may also have the same experience. This awareness and realization emerge from the very core of their being, the feeling that they are not part of the reality of the world. They might think, "This is someone's life, with which I have nothing to do. I am just an invisible part of the back scene or just a number. My existence is accidental." When we are handled by others, such as doctors or nurses, treated as playthings, for someone's cause, we feel as if we are also the foil, no longer the protagonist or the actor, of our own stories, which throws meaning inevitably to the winds.

Following the spiritual exercise offered by Rambo, we could meditate: What is true despair like? Whom does Jesus meet in hell on Holy Saturday? Considering the Jewish historical setting of the "Passover" as the scene of the passion narrative, my imagination easily goes to the story found in Exodus 12:29:

At midnight the Lord struck down all the firstborn in the land of Egypt, from the firstborn of Pharaoh who sat on this throne to the firstborn of the prisoner who was in the dungeon, and all the firstborn of the livestock. Pharaoh arose in the night, he and all his officials and all the Egyptians; and there was a loud cry in Egypt, for there was

not a house without someone dead.

Everyone who lived could not make sense of the fact that each of the firstborn children had died. They are not even recognized as Passover Lamps, which might later constitute a part of larger history. Their lives did not belong to themselves, but to someone else. They are the foils. The order, the flow of plots, the blood, the air, the sounds, the smells are all for somebody else. There is no order in who has died; it might be anyone. This image makes this metaphor more devastating. There was no difference between the victims, the survivors, and the observers. They are all foils in the end. One's own existence makes no significant difference in history. The story is not about him at all. What can he feel other than abyssal despair?

There were also children who were meaninglessly killed at the time when Jesus was born, as Mt.2:16 reads:

When Herod saw that he had been tricked by the wise men, he was infuriated, and he sent and killed all the children in and around Bethlehem who were two years old or under, according to the time that he had learned from the wise men.

Jesus was not a hero on that Saturday. He went down to hell as just another foil in history. The children meaninglessly slaughtered by Herod did not even recognize Jesus. Being recognized and noticed are alien notions to foils. This is another reason for the despair of the foil and of death.

People live by making sense of their daily experiences. Even the tiniest

happenings mean something if a person feels something about that situation. Everyone lives with happiness, sadness, joy, anger, hope, distress because those are the realities of life. Indeed the entire program of “Narrative Therapy” is to regain one’s own story in which one is the protagonist. The core of the traumatic experience is the eradication of the vision that there is any story in the universe in which one can participate in any meaningful way. The traumatized person keeps revisiting the experience with the sudden awareness that this life is not hers. Those recurrent memories drain, numb, and recount the terrifying experiences. Being in situations of extreme adversity does not necessary lead to the trauma. One may be able to live through a myth of battle, an athletic ordeal or a journey into a distant country, as Hawkins crystallizes in her literary analysis. While, trauma puts her in a situation where she had no sense of touch, direction, or light: chaos. There is no way to describe the experience of being there, since all previous criteria, frames of reference, and the axis of coordinates are unmasked as deceptive.

### **Spiritual Care to the Foil**

In presenting the metaphor of despair of the foil, I have sought to approach the unspeakable experiences of chaos by the traumatized and by patients. Well-prepared care of those in the position of the foil is difficult simply because their experience of foil is true for them, or to all. Western individualism attempts for the most part to negate this solemn fact and to establish a more formal democracy concerning “truth”. In this sense, individualism is the constructive myth. Each of us, every human being on the globe, is supposed to be the protagonist not only of one’s own but also of societal, communal and universal history. We, nevertheless, will



eventually face the chilling fact that we live in tightly knit world of delusion. It is always excruciating to revisit or to be forced to revisit the moment when we face that fact. Once we become aware of the haunting nature of death, with its annihilating tranquility of the black hole, we cannot blind ourselves from the fact that we are all foils.

This is the precise place in which Lifton speaks about the strange expression of “mastery” of trauma. He does not intend that we would dilute these experiences at all. For example, the atomic bomb in Hiroshima thrust the very nature of their “foilness” before the human victims. Therefore, he does not believe there are any outside narratives to help them make better sense of that experience. By “mastery,” Lifton means the process by which humans learn to survive the tyranny of despair and of the recurrent image. However, nobody has as yet discovered how to do so.

The survivor herself might begin recounting his/her own story of trauma or tragedy after many years. This time, without any doubt, it is their story to tell. It is the rare privilege for a spiritual care provider to be present as the first listener of the narrative, after that person has been silent for such a long time.

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## A Preliminary Study on Theological Perspective to Narrative of the Suffering

Takaaki David ITO

This paper examines genres of narrative that can give perspectives for spiritual care providers to understand the inner process of the person in difficulties. The first part deals with illness narratives and summarizes the genres identified by Arthur Kleinman, Arthur W. Frank, and Ann Hunsaker Hawkins. In the second part, we shift our focus on trauma narrative. Our main discussion is about “Chaos Narrative” and the genre which I name “Foil Narrative”. Under this circumstance in Japan in 2011, we have the care of the survivors of the Great East Japan Earthquake in our mind. I propose that the “foil” perspective is important for spiritual care to the survivors of the massive trauma.